American Society of Anesthesiologists®

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Dear Chairman Marleau and Members of the Senate Health Policy Committee:

On behalf of the over 50,000 members of the American Society of Anesthesiologists (ASA), I am writing in **strong opposition** of Senate Bill 180. This very concerning legislation would remove the long standing Michigan safety standard for physician supervision of anesthesia administration by nurse anesthetists. Removal of this important law would directly impact the safety of every patient receiving surgical anesthesia in Michigan.

As both a practicing physician anesthesiologist and Professor and Chair of the Department of Anesthesiology at the University of Oklahoma, I work daily to ensure patients' medical needs are being met safely and effectively. In my hospital as well as in much of the United States, we practice in the model known the Anesthesia Care Team[1] which includes the delegation of appropriate medical tasks to non-physicians. In each of those circumstances, the responsibility for those tasks remains with the supervising physician. Since the advent of modern anesthesia in the 19th century, the Anesthesia Care Team has safely and effectively delivered anesthesia care with either an anesthesiologist assistant or nurse anesthetist as the non-physician anesthetist member of the team.

Removing physician supervision of anesthesia care makes no more sense than removing it from any other critical care location. Prior to becoming a physician anesthesiologist, I was a nurse anesthetist. As one who has completed education and training in both medicine and nursing, I can tell you differences exist between a nurse anesthetist and a physician. Those differences warrant continued physician supervision because they directly impact one's ability to comprehensively manage the medical care and emergent needs of patients.

In my experience, there are two main differences in the education and training of a physician and nurse anesthetist:

1. *Length of Training*: Nurse anesthetist education and training ranges from 4-6 years after high school. Nurse anesthetists trained in the past two decades have obtained a baccalaureate degree in nursing (four years), worked a minimum of one year in an intensive care setting, and then participated in an approximately 30-month anesthesia training program. Nurse anesthetists average about 1,650 hours of patient care training in their curriculum (Appendix I).

   Conversely, a physician's education and training ranges from 12 or more years after high school. For example, to become a physician anesthesiologist, one must complete a bachelor's degree with a pre-medicine curriculum (four years), medical school (four more years), and an additional year of hospital based training in general medicine, pediatrics, surgery, or combination (internship year). Only then does a physician begin their specialty residency training in anesthesiology. The residency training is a three year program. After residency, many physician anesthesiologists also complete subspecialty training (one – two additional years after residency) in areas including: pain management, cardiac anesthesia, pediatric anesthesia, neuroanesthesia, obstetric anesthesia, or critical care medicine. Altogether, physicians have anywhere from 12,000 – 16,000 hours of patient care training in their curriculum.

[1] See ASA Standards, Guidelines and Statements: Statement on the Anesthesia Care Team available at http://www.asahq.org/For-Members/~/media/For%20Members/documents/Standards%20Guidelines%20Stmts/Anesthesia%20Care%20Team.ashx

2. *Depth of Medical and Surgical Knowledge*: Equally important as the difference in education and training is the difference in depth of knowledge. Physicians complete all courses relevant to the practice of medicine, including associated laboratory courses. The breadth of courses plus the duration and hours of course work allow for detailed, comprehensive medical knowledge. Nurse anesthetists take selected courses related to anesthesia. The limited number of courses plus the shorter duration and fewer hours do not allow for detailed, comprehensive knowledge.

The administration of anesthesia is a complex and technically demanding medical procedure that requires physician supervision. An independent outcomes study published in the peer-reviewed journal *Anesthesiology* found that the presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred. Nurse anesthetists often advocate that substituting nurses for physicians cuts costs without increasing patient deaths or complications. However, there are no definitive, independent studies that confirm nurse anesthetists can ensure the same quality of care, patient safety, and outcomes at less cost when working without physician supervision. Surveys also repeatedly show patients want physicians in charge. In a recent American Medical Association survey, 70 percent of consumer respondents said they believed only a physician should administer and monitor anesthesia levels before and after surgery, and 80 percent believed only a physician should perform pain medicine procedures like spinal injections.

Physician anesthesiologists are keenly aware of the challenges to surgical care in rural areas. As a profession, however, our first priority is to patient care and safety. Based on the differences in education and training between physicians and nurse anesthetists, we feel strongly that, for the sake of patient safety, in the absence of a physician anesthesiologist, a physician should retain responsibility for the patient when a non-physician anesthesia provider administers anesthesia. Based on my completion of both nurse anesthesia training and medical school, nurse anesthetists are not educated or trained in medical decision making, differential diagnoses, medical diagnostic interpretations, or medical interventions. Physician supervision, whether by a physician anesthesiologist or surgeon, is key to patient safety, as most of the patient related problems encountered in the perioperative period relate to underlying medical illnesses or to the surgical procedure rather than to a specific anesthesia-related problem.

Because of the aging population and increasingly complex medical and surgical procedures, the need for physician supervision has never been greater. Nurse anesthetists are valuable members of the healthcare team; however, the surgically-based medical practice of anesthesiology is far too critical to not have physician supervision. I can attest from personal experience, the medical education and training process best serves the interests of our patients. As one who relies on her training as a physician each day in the operating room, I respectfully request that the Health Policy Committee maintain the safety that our patients deserve and that the public demands for their anesthesia care by continuing physician supervision of nurse anesthetists.

Respectfully yours,

Jane C.K. Fitch, M.D.
President-Elect

APPENDIX I

PHYSICIAN ANESTHESIOLOGISTS AND NURSE ANESTHETISTS: FOR THE HEALTH AND SAFETY OF PATIENTS, DIFFERENT TRAINING AND EDUCATIONAL BACKGROUNDS SHOULD MEAN DIFFERENT LEVELS OF RESPONSIBILITY

Patients should know the educational and training backgrounds of their health care professionals and the important impact it could have on their health and safety. Consider the vast difference between Physician Anesthesiologists (Physicians) and Nurse Anesthetists (Nurses):

EDUCATION	**PHYSICIAN ANESTHESIOLOGISTS (PHYSICIANS)**	**Nurse Anesthetists (NURSES)**
Initial Education	Bachelor's degree	Associate degree in nursing, a non-degree diploma from an in-hospital nurse training program, or a Bachelor of Science in Nursing[1]
Doctoral or Graduate Degree	**Doctor of Medicine or Osteopathic Medicine; 4 years**	Graduate Nursing Degree: 2-3 years[2]
Post-Doctoral Internship in General Medicine	**1 year**, required[3]	**NONE REQUIRED**
Post-Doctoral Residency in Anesthesiology	**3 years**, required[4]	**NONE REQUIRED**
Total hours of patient care required during training	**12,000 – 16,000 hours**[5], including 3 months pain management training (acute & chronic), 4 months critical care management, and at least 2 months each in: obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, and neuroanesthesia[6]	~1,650 hours[7]

[1] American Medical Association, "Nurse Anesthetists," *Scope of Practice Data Series*, p. 21 (2009).
[2] Id.
[3] American Society of Anesthesiologists President Dr. Mark Warner, letter to Federal Trade Commission Director Susan S. DeSanti, 19 Jan. 2011, p. 4 (Washington, DC).
[4] Id.
[5] American Medical Association, "Do you know your doctor?" p. 1 (2012).
[6] Accreditation Council for Graduate Medical Education, "ACGME Program Requirements for Graduate Medical Education in Anesthesiology," p. 5 (2008).
[7] "The results of an analysis of anesthesia hours reported by 2010 graduates show that nurse anesthesia students receive a median of 1,651 hours of clinical experience." American Association of Nurse Anesthetists,

Clinical experience required in pain medicine	Anesthesiology residents are required to treat no fewer than 20 patients evaluated for management of acute, chronic, or cancer-related pain disorders during a specified **3-month period**, all while under the direction of faculty physicians with expertise in pain medicine[8]	**NONE REQUIRED**
Subspecialty accreditation available in pediatric anesthesiology, adult cardiothoracic anesthesiology, critical care, obstetric anesthesiology, hospice and palliative medicine, sleep medicine, and pain medicine	These Board-certified subspecialties **each** require **1-2 additional years of training** after an initial 4-year residency in anesthesiology[9],[10]	**NONE REQUIRED**
Subspecialty accreditation in pain medicine	The Board-certified subspecialty of pain medicine requires **1-2 additional years of training** after an initial 4-year residency in anesthesiology[11]	**NONE REQUIRED**

While nurse anesthetists are valuable medical team members, their educational and training backgrounds are significantly different from the comprehensive medical education, training and clinical experience of physicians. In the interest of patient safety and quality of care, the American Society of Anesthesiologists believes that the involvement of a physician anesthesiologist in the perioperative care of every patient is optimal.

"Qualifications and Capabilities of the Certified Registered Nurse Anesthetist," available at http://www.aana.org/ceandeducation , accessed Feb. 21, 2013.

[8] Warner, p. 4.

[9] "Nurse Anesthetists," p. 11.

[10] ACGME website at http://www.acgme.org/acgmeweb/

[11] "Nurse Anesthetists," p. 32.